

Title: Factors influencing men's use of prostate-specific antigen (PSA) screening: Evidence from the Health Information National Trends Survey (HINTS).

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AIM: In the absence of sufficient evidence of a mortality benefit of prostate-specific antigen (PSA) screening, many professional organizations recommend that physicians assist their patients in making informed decisions about PSA testing. Our research examined PSA screening among a national sample of U.S. men to determine the extent to which sociodemographic and provider-patient communication factors predict PSA screening.

METHODS: Data for this investigation were from the Health Information National Trends Survey (HINTS). HINTS was developed to collect nationally representative data about the American public's need for, access to, and use of cancer-relevant information. Our sample included 927 men aged 50 or older who had not been previously diagnosed with prostate cancer. Survey items assessed respondents' perceptions of the quality of their interactions with their health care providers including whether their health care providers listened carefully, explained things in an understandable fashion, and involved them in decisions about health care. Respondents were also asked whether they had received a recommendation for PSA screening from a health care provider, and whether they had ever had a PSA test. To account for the complex sample design, SUDAAN was used to calculate population estimates and confidence intervals, and all data were weighted to provide representative estimates to the U.S. population.

RESULTS: Results of a logistic regression model predicting PSA screening from sociodemographic variables revealed lower rates of PSA screening among men without health insurance, younger men, Hispanics and other minorities compared to Whites and Blacks, and men with less than a college degree. When the patient-provider communication variables were added to this model, most of the previously significant sociodemographic predictors became non-significant. Respondents who received a recommendation for PSA screening were significantly more likely than those who had not received a recommendation to have ever had a PSA (OR=239.8); respondents who reported that their health care providers involved them in decision making were also more likely to have ever had a PSA (OR=1.8); respondents aged 65 to 74 were more likely to have ever had a PSA (OR=2.53) than younger or older respondents; and respondents with less than a high school education (OR=.23) or a high school degree (OR=.35) were less likely than those with some college or a college degree to have had a PSA.

CONCLUSIONS: Results of this investigation suggest that physicians exert considerable influence on patients' decisions to engage in PSA screening; physician recommendation and involvement of patients in decisions about health care predicted PSA screening. In light of the controversy surrounding the costs and benefits of PSA screening, physician communication regarding the risks and benefits of screening is crucial to informed decision-making among patients.

KEYWORDS: prostate-specific antigen screening, informed decision making, provider-patient communication.